

Public Health – Seattle & King County, Vital Statistics

Death Record Order Form

Only for person who died in King County

Please print out the form below, fill it out and mail it with your check payable to Vital Statistics (**PLEASE DO NOT SEND CASH**) to: **VITAL STATISTICS**, Public Health -- Seattle & King County, King County Administration Building, 500 - 4th Avenue, Room 214, Seattle, Washington 98104. If you have any questions, please feel free to call (206) 296-4769.

1. Check Off Quantity Needed and write total amount on check (Full Size Certified Copy).

Additional copies are \$8.00 each.

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|--|---|
| <input type="checkbox"/> 1 st copy = \$13.00 total | <input type="checkbox"/> 6 copies = \$53.00 total |
| <input type="checkbox"/> 2 copies = \$21.00 total | <input type="checkbox"/> 7 copies = \$61.00 total |
| <input type="checkbox"/> 3 copies = \$29.00 total | <input type="checkbox"/> 8 copies = \$69.00 total |
| <input type="checkbox"/> 4 copies = \$37.00 total | <input type="checkbox"/> 9 copies = \$77.00 total |
| <input type="checkbox"/> 5 copies = \$45.00 total | <input type="checkbox"/> 10 copies = \$85.00 total |

2. Full Name of Deceased

First: _____
Middle: _____
Last: _____

Age of Deceased: _____ Place of Death (City): _____
Date of Death: _____ Name of Funeral Home: _____

3. Relationship to Person whose certificate is requested?

☐ Parent ☐ Other (specify) _____

4. Name and address of person requesting certified copy

Name: _____
Street Address and Number: _____
City, State, Zip: _____
Local Telephone Number: _____

Signature

Date

OFFICE USE ONLY

Amount Received: \$	_____	By:	_____
Index Number:	_____	Year:	_____
Issued Date:	_____	By:	_____

NOTES: